County: Walworth
WILLIAMS BAY CARE CENTER
146 CLOVER STREET
WILLIAMS BAY 53191 WILLIAMS BAY 53191 Phone: (262) 245-6400
Operated from 1/1 To 12/31 Days of Operation: 366
Operate in Conjunction with Hospital? No
Number of Beds Set Up and Staffed (12/31/00): 70
Total Licensed Bed Capacity (12/31/00): 83
Number of Residents on 12/31/00: 57 Ownership: Highest Level License: Operate in Conjunction with CBRF? Title 18 (Medicare) Certified? Average Daily Census: Corporati on Skilled No Yes **59** 

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Services Provided to Non-Residents	1	Age, Sex, and Primary Diagn	Length of Stay (12/31/00)	%			
Home Health Care Supp. Home Care-Personal Care	No   No	Primary Diagnosis	 %	Age Groups	% 	Less Than 1 Year 1 - 4 Years	31. 6 42. 1
Supp. Home Care-Household Services	No	Developmental Disabilities	0.0	Under 65	5. 3	More Than 4 Years	26. 3
Day Servi ces	No	Mental'Illness (Org./Psy)	21. 1	65 - 74	15. 8		
Respite Care	Yes	Mental Illness (Other)	8. 8	75 - 84	38. 6		100. 0
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	36. 8	***************	*****
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	0.0	95 & 0ver	3. 5	Full-Time Equivalen	t
Congregate Meals	No	Cancer	1.8			Nursing Staff per 100 Re	
Home Delivered Meals	Yes	Fractures	0. 0		100. 0	(12/31/00)	
Other Meals	No	Cardi ovascul ar	10. 5	65 & 0ver	94. 7	[	
Transportation	No	Cerebrovascul ar	12. 3			RNs	13. 0
Referral Service	Yes	Di abetes	14. 0	Sex	%	LPNs	8. 8
Other Services	No	Respi ratory	7. 0			Nursing Assistants	
Provi de Day Programming for		Other Medical Conditions	24. 6	Male	17. 5	Aides & Orderlies	20. 3
Mentally Ill	No			Female	82. 5		
Provi de Day Programming for			100. 0				
Developmentally Disabled	No				100. 0		
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## Method of Reimbursement

	Medicare (Title 18)			Medicaid (Title 19)		Other Pri		rivate Pay		 I	Managed Care			Percent			
			Per Die	em		Per Die	Di em		Per Diem		Per Dien		1	Per Diem			Of All
Level of Care	No.	%	Rate	No.	. %	Rate	No.	%	Rate	No	. %	Rate	No.	%	Rate	No.	Resi dents
Int. Skilled Care	0	0. 0	\$0.00	1	2. 5	\$123. 19	0	0. 0	\$0.00	1	6. 7	\$140.00	0	0. 0	\$0.00	2	3. 5%
Skilled Care	2	100.0	\$283. 26	35	87. 5	\$105.31	0	0. 0	\$0.00	14	93. 3	\$140.00	0	0.0	\$0.00	51	89. 5%
Intermedi ate				4	10.0	\$87.44	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	4	7.0%
Limited Care				0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Personal Care				0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Residential Care				0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Dev. Di sabl ed				0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Traumatic Brain Inj	. 0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Venti l ator- Depende	nt 0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Total	2	100.0		40	100. 0		0	0.0		15	100.0		0	0.0		57	100.0%

Admissions, Discharges, and Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/00 Deaths During Reporting Period % Needi ng Total Assi stance of Activities of Percent Admissions from: % Totally Number of Private Home/No Home Health 7.5 Daily Living (ADL) Independent One Or Two Staff Dependent Resi dents Private Home/With Home Health 0.0 Bathi ng 1.8 89. 5 8.8 57 Other Nursing Homes 6.3 Dressi ng 8.8 80.7 10. 5 57 Acute Care Hospitals
Psych. Hosp. - MR/DD Facilities
Rehabilitation Hospitals 78.8 Transferring 26. 3 **59.** 6 14. 0 57 21.1 57.9 0.0 Toilet Use 21. 1 57 2. 5 Eating 52. 6 31.6 57 15. 8 Other Locations \*\*\*\*\*\* 5.0 Total Number of Admissions 80 Continence Special Treatments Receiving Respiratory Care Receiving Tracheostomy Care Receiving Suctioning Receiving Ostomy Care Percent Discharges To: Indwelling Or External Catheter 5.3 8.8 Private Home/No Home Health 31.3 Occ/Freq. Incontinent of Bladder 57. 9 0.0 Private Home/With Home Health 6.0 Occ/Freq. Incontinent of Bowel 47.4 0.0 Other Nursing Homes 6.0 0.0 Acute Care Hospitals
Psych. Hosp. - MR/DD Facilities
Rehabilitation Hospitals Receiving Tube Feeding Receiving Mechanically Altered Diets 9.6 Mobility 3. 5 Physically Restrained 0.0 31.6 0.0 1. 2 Other Locations 15.7 Skin Care Other Resident Characteristics 12.3 Deaths 30. 1 With Pressure Sores Have Advance Directives 100.0 Total Number of Discharges With Rashes Medi cati ons 5.3 Receiving Psychoactive Drugs 63. 2 (Including Deaths)

Selected Statistics: This Facility Compared to All Similar Urban Area Facilities & Compared to All Facilities

		Own	ershi p:	Bed	Bed Size:		ensure:		
	Thi s		pri etary	etary 50-		Ski l	led	Al l	
	Facility		Group		Group		Group	Facilities	
	%	%	Ratio	%	Ratio	%	Ratio	%	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	71. 1	<b>83</b> . 7	0. 85	86. 6	0. 82	87. O	0. 82	84. 5	0.84
Current Residents from In-County	66. 7	75. 1	0. 89	69. 4	0. 96	69. 3	0. 96	77. 5	0. 86
Admissions from In-County, Still Residing	13. 8	18. 7	0. 73	19. 5	0. 70	22. 3	0. 62	21. 5	0.64
Admissions/Average Daily Census	135. 6	152. 8	0. 89	130. 0	1.04	104. 1	1. 30	124. 3	1.09
Discharges/Average Daily Census	140. 7	154. 5	0. 91	129. 6	1.09	105. 4	1. 33	126. 1	1. 12
Discharges To Private Residence/Average Daily Census	<b>52.</b> 5	59. 1	0.89	47. 7	1. 10	37. 2	1.41	49. 9	1.05
Residents Receiving Skilled Care	93. 0	90. 6	1.03	89. 9	1.03	87. 6	1.06	83. 3	1. 12
Residents Aged 65 and Older	94. 7	95. 0	1.00	95. 4	0. 99	93. 4	1.01	87. 7	1.08
Title 19 (Medicaid) Funded Residents	70. 2	<b>65</b> . <b>4</b>	1. 07	68. 7	1.02	70. 7	0. 99	69. 0	1.02
Private Pay Funded Residents	26. 3	23. 2	1. 13	22.6	1. 16	22. 1	1. 19	22. 6	1. 16
Developmentally Disabled Residents	0. 0	0.8	0.00	0. 7	0.00	0. 7	0.00	7. 6	0.00
Mentally Ill Résidents	29. 8	31.4	0. 95	35. 9	0.83	37. 4	0.80	33. 3	0.89
General Medical Service Residents	24. 6	23. 2	1.06	20. 1	1. 22	21. 1	1. 16	18. 4	1. 33
Impaired ADL (Mean)	46. 3	48. 9	0. 95	47.7	0. 97	47. 0	0. 99	49. 4	0.94
Psychol ogi cal `Probl ems	63. 2	44. 1	1. 43	49. 3	1. 28	49. 6	1. 27	50. 1	1. 26
Nursing Care Required (Mean)	7. 7	6. 5	1. 17	6. 6	1. 17	7. 0	1.09	7. 2	1.07